(b) if so, the reasons therefore;

(c) whether Government have taken any action for increasing the per capita expenditure on health services in the country; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) No, Sir. Per capita expenditure on health in India is lower than that of the developed countries but compares reasonably welt with that of developing countries.

(c) and (b) The Central Government has been making every effort to increase its conthbution to public health expenditure. The overall plan outlay in health sector in the Ninth Five Year Plan. Has been 4.01% of the total plan outlay as compared to 3.2% during the 8th Five Year Plan. The resources for public investment in health sector are also being augmented by securing assistance from various bilateral and multilateral agencies for implementation of various disease control programmes. Health infrastructure in seven States (Karnataka, Andhra Pradesh, Orissa, Punjab, West Bengal, Maharashtra and Uttar Pradesh) is also being upgraded with World Bank assistance. The National Health Policy, 2002 envisages increasing the Central Government contribution from the existing 15% to 25% of the total spending in the health sector by 2010.

Transfer policy for doctors and staff in CGMS

521. SHRI ANIL SHARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the policy being adopted for transfer of doctors and other staff in CGHS dispensaries/offices;

(b) whether this policy is limited only for doctors;

(c) whether it is also a fact that this policy is not adopted in case of staff posted in CGHS office. South Zone, R.K. Puram, New Delhi; and

(d) if so, the details thereof and if not, the reasons therefore?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) As per existing transfer policy, Group 'A' officers in the CGHS are normally transferred

on completion of three years of their tenure of posting and CMO Incharge are transferred on completion of four years in a particular dispensary. Group 'B' officers in CGHS are transferred on the basis of individual request/official exigencies. By and larage, Group 'C and 'D' staff in CGHS are transferred on completion of 4 to 5 years of their tenure of posting except in exigencies of service.

(c) and (d) No, Sir. The transfer policy is implemented in a phased manner keeping in view the administrative exigencies particularly in view of the prevailing shortage of staff due to economy in Govt. expenditure and subsequent ban relating to filling up of direct recruitment posts in the Government.

Health care schemes

522. SHRI S.S. CHANDRAN: Will the f^^inisterof HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the State Governments are giving priority in launching health care schemes for those districts which are severely affected by Natural Calamities *i.e.,* drought, flood etc.;

(b) whether Government would come forward to financially assist those State Govemments which are launching such health care schemes;

(c) if so, the details thereof; and

(d) if not, the reasons therefore?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) Prioritisation of the districts vulnerable to natural calamities and launching of healthcare schemes in those districts for primary health care interventions like immunization, nutrition, drinking water and control of diseases of public health importance is the subject matter of concerned State Governments. However, no request has been received from the State Governments by the Department of Health for financial support for launching healthcare schemes in those districts.

The Central Government releases funds from the Calamity Relief Fund and National Calamity Contingency Fund. For this purpose, Department of Health, Government of India is represented in the Inter-Ministerial Central Team which *inter alia* does the damage